

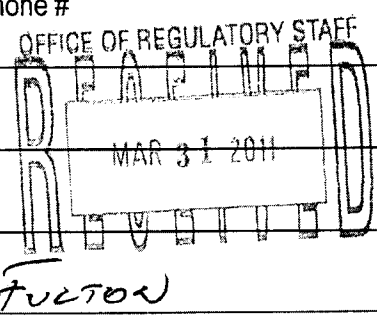
229199  
2011 JFA

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

**CERTIFICATED COMPANY INFORMATION**

American Phones Services Corporation		FEIN/SSN
Company Name		370-569-1213
Dbaf/ka		Telephone #
308 Maxwell Dr. #100		
Mailing Address		
ALPHARETTA, GA 30009		
City, State, Zip Code		
SATE		
Business Location		
SATE		
City, State, Zip Code		FULTON
		County



**REGISTERED AGENT INFORMATION**

Registered Agent:	NATIONAL REGISTERED AGENT
Mailing Address:	2 OFFICE PARK CT., SUITE 103
City, State, Zip Code:	COLUMBIA, SC, 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.	General Manager (Include address if different than above.)	Telephone Number	Facsimile Number	E-mail Address
B.	NATALIA PANERINA Customer Relations /Complaints Representative (Include address if different than above.)	800-711-1323		info@ampphone.com
C1.	Riccardo Ferranti Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)			
C2.	800-711-1323 Customer Contact (Toll Free Number)			
D.	N/A Engineering Operations (Include address if different than above.)			
E.	N/A Test and Repair (Include address if different than above.)			

F. 800-211-1323 PAOLO GIURASSI  
Emergencies (During non-office hours)  
Telephone Number / Facsimile Number / E-mail Address PGDAMPNONG.COM

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. RICCARDO FORZANI  
Regulatory Officer (Include address if different than above.)  
Telephone Number / Facsimile Number / E-mail Address

H. Dual Party Mailings (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

I. Interim LEC Fund Mailings (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

J. Universal Service Fund Mailings (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

K. Gross Receipts Mailings (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

L. Lifeline Mailings (Name)  
Mailing Address  
Telephone Number / Facsimile Number / E-mail Address

Riccardo Forzani  
This form was completed by (print name)  
Pres.  
Title

[Signature]  
Signature  
3-28-2011  
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
Clerk's Office  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 11/2010)